



INAHTA Briefs

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Issue:	Should VA offer stereotactic pallidotomy to veterans for treatment of Parkinson's Disease?
Title:	Stereotactic Pallidotomy for Treatment of Parkinson's Disease
Agency:	VA Technology Assessment Program, Office of Patient Care Services, Room D4-142, 150 S. Huntington Ave (11-T), Boston, MA 02130 Tel: 857-364-4469 Fax: 857-364-6587
Reference:	VA Technology Assessment Program Report February, 1998. www.va.gov/vatap
Aim:	To evaluate the effectiveness and appropriateness of stereotactic pallidotomy for the treatment of Parkinson's disease.
Conclusions and results:	Six case series addressed pallidotomy without mapping and seven evaluated pallidotomy with mapping. None compared the outcomes of pallidotomy without mapping to pallidotomy with mapping. The evidence of pallidotomy with and without mapping suggested favorable clinical outcomes as measured by elimination or alleviation of dyskinesia, significant improvement in Parkinsonian signs and increased activities of daily living score. However, available data are insufficient to conclude that the benefits of pallidotomy in terms of safety and efficacy outweigh the risks.
Recommendations:	Pallidotomy should be performed in specialized centers that have both neurological and neurosurgical expertise.
Methods:	Comprehensive literature searches were conducted using Medline, and Current Contents from 1989 thru 1997. Search strategies used the term pallidotomy and the subject headings for therapeutic electrical stimulation and globus pallidus. English language studies that reported clinical outcomes for PD patients after treatment with pallidotomy were included. A comprehensive search of the peer-reviewed published literature resulted in 13 relevant case series.
Further research/reviews required:	Large scale randomized clinical trials are need to determine the efficacy of pallidotomy.
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